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The subject of kitchen sinks and dishcloths is one to which an investigating bacteriologist will turn some day and bring discredit upon the average kitchen by setting forth a list of microbes as long as the one in the medical dictionary. They do not realize the breadth of the field or they would have studied it long ago.

It is not only the baby but the adult who suffers from unclean cooking utensils, for there are many households whose tables present a good appearance whose pots, pans, and dishcloths would furnish abundant specimens for the microscopist. Drinking-water is surely familiar enough to all that we might realize the necessity for its purity, yet how often we know of families, nurses, and doctors (say it under your breath) who go on giving the typhoid patient the same drinking-water from which he got his primary infection, and this in the face of the fact that a teakettle and the kitchen fire, with twenty minutes' boiling, will provide him with sterile water.

Nurses might do much towards correcting many of these every-day abuses if they would apply the same principles which govern nickel-plated sterilizers, glass tables, and expensive water-filters to the ordinary household affairs and to surgical work done in the home.

If all the education our schools give goes no further than to leave the pupil under the impression that these scientific principles can be applied only by elaborate and expensive methods, then it is time we bestirred ourselves to disabuse their minds of anything so erroneous and pernicious.

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## **SCARLET FEVER: ISOLATION AND DISINFECTION**

By FRANCES E. MORLEY

Boston

To the nurse just starting out in private work, with hospital standards fresh in mind, the adaptation of strict rules to the new conditions is often perplexing.

How shall she observe all the regulations of asepsis in operative work, of isolation and disinfection in contagious cases?

The first requisite is to be thoroughly grounded in the hospital practice in such work. She should know how and why these things are done.

Her experience in asepsis should be such that every act becomes automatic, so that she could no more think of touching an instrument with unwashed hands than she would a hot stove with bare hand. But

this automatic work should never become so mechanical that she loses sight of the reason or the relative importance of her acts.

Then when she is placed in the new environment where something must be sacrificed she will know what is of vital importance and cannot be changed, and what is of minor value and may be dropped without danger.

Let us review the hospital rules now considered necessary in our best contagious hospitals in regard to the nurse's care of herself.

The rules usually enforced are:

The nurse shall wear, when on duty, over her regular hospital uniform a gown which is removed on leaving the ward.

Uniforms and street clothing shall never be brought in contact, but kept in separate closets.

A nurse must make a complete change of clothing before going on the street. If possible, she must take a full bath and wash her hair. If it is not convenient to wash the hair, it must be brushed in strong alcohol.

The shoes may be washed in disinfectant or changed.

Nurses are advised to keep away from children, and not to visit friends without first ascertaining whether their presence is desired. Knowing all these rules, their following her second nature, the nurse receives her call to go to a private house on a scarlet-fever case.

Her first thought is, "What shall I take?"

The fully equipped, carefully packed bag must be considered. Nothing should be carried into the infected house that cannot be thoroughly disinfected or that the nurse is unwilling to sacrifice if necessity requires.

She should run no risk by taking tools, however cherished, that cannot be boiled. Let the family supply syringes, hot water bags, etc.

The nurse's uniform should be one that can be boiled. As it is possible that a garment may be injured by the corrosive solution, economy suggests the sacrifice of an old gown.

Particular attention must be paid to slippers and night wrappers. Oftentimes these are worn as many hours and come as near the source of infection as the smooth surface of the dress that can be boiled. Take old ones that can be burned at the close of the case if necessary.

The nurse arrives at the house to find the patient in an ordinary room opening into a hall, one bath-room being used by all the family.

Just how can this room and surroundings be reduced to hospital rules? What must the nurse insist upon? What may she give up?

As to herself and her personal belongings, she must have a place entirely outside the sick-room to leave her street clothes and valise.

She must remember to take into the sick-room only such things as will be needed.

In the sick-room her own tact and skill must decide each case. Seconded by the doctor, she may, if the case has not progressed too far, have the room cleared of all but the bare necessities of a hospital room. She must use good judgment and act quickly.

Some families will act conscientiously and at the close of the case destroy all articles that cannot be thoroughly disinfected, others will, if not closely watched by the Board of Health, sell or give away articles they dare not use themselves.

It is possible that by removing a heavy curtain the first day of a scarlet-fever case and seeing that it is thoroughly aired, a nurse reduces the chance of infection from that particular article.

It may be wise to ask the family to give up the bath-room entirely. It may be advisable to remove the patient to a room that can be isolated and cleared.

All these points being decided, the nurse arranges, if possible, to have an anteroom, where she may receive her supplies, change her dress, etc. A sheet wet in disinfectant is hung before the door.

It is the nurses' duty to enforce strict quarantine upon all members of the family, reporting any infringement of rules to the physician.

In the sick-room the nurse observes hospital rules by having solution always at hand for the disinfection of every dish or utensil that passes out of the room, also for washing her own and the doctor's hands.

She should arrange, if possible, to have some means of burning refuse food, scraps of paper, etc.; also a way to heat water. Burned paper and boiled spoons are germ-free. If this cannot be done, every scrap must be wrapped in cloths wet in solution and at once burned.

The nurse on private duty must be even more careful than the hospital nurse in regard to sitting on the bed, caressing the patient.

Every article to be sent to the laundry must first be wrung from corrosive solution 1 to 1000 or placed in a bag wet in solution. It may then be safely carried to the laundry, where it receives the usual washing, including a long boiling. The nurse cannot go to the laundry herself, but she may impress the importance of the boiling upon those who do the work. Her own clothing must receive the same treatment.

All dusting and sweeping of the sick-room must be done according to hospital rules, dusters and brooms being wet in disinfectant.

The next question that arises is that of air and exercise for the nurse.

If there is someone who can come to the sick-room to relieve the nurse, there is no reason why she should not go out, and, in fact, she needs the air on a contagious case.

In preparing for her walk she must be very careful to thoroughly cleanse and disinfect her hands, and she must make an entire change of outer clothing, including shoes. In this cleansing remember that soap and water play an important part. It is easier to starve germs than to poison them.

The one inconsistency in this preparation must be the hair. One cannot wash her hair every day. She may keep it smooth and covered in the sick-room and apply strong alcohol on going out. Then let her exercise be in the open air, not a close street-car, where she is brought near children. The average passenger probably carries as many germs as a nurse fresh from a thorough disinfection, but the travelling public prefers the kind that lurks in soiled and unaired garments that has not been caught and named. A germ that allows itself to be imprisoned under a microscope and grown in a jelly dish is a fearsome beast, and one who holds dealings with such is to be shunned. If the nurse lives in an ordinary lodging-house, it will be as well for herself and the landlady to avoid her home while she is engaged in such uncanny work.

At the close of the case the nurse must leave her laundry to be done as it has been done through the case. She must burn any article that she is not sure may be disinfected. If her street clothing and valise have been kept strictly outside of the infected area, there is no reason why she should not take them home with her. If she remains after or during the fumigating of the rooms it would be as well, perhaps, to put even these within the magic circle. Then, having washed her hair and bathed in disinfectant, she may return to a boarding-house.

For a week, however, she should avoid close contact with children, for, notwithstanding all her care, there may be a slip somewhere, and it is within the bounds of possibility that she may herself be coming down with the disease.

If these simple rules are strictly followed by all nurses who take contagious cases, the danger to the boarding-house contingent from that source is reduced to the absurd. But let a nurse be careless in the smallest detail, so that a single case can be traced to her door, and the whole race of nurses will be shunned and turned from their lodgings. A delay of a few hours in washing the hair, the use of a cherished pair of slippers too lovely to be sacrificed, may carry a germ to some unsuspecting victim.

There are many more rules that could be given, but we believe that a few strictly observed will protect the public better than the knowledge of many not carried out.